

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE
MEDICARE SUPPLEMENT INSURANCE FORM CHECKLIST

Checked or N/A	REVIEW REQUIREMENTS	REFERENCE	COMMENTS	Form & Page #'s
	Policy Definitions and Terms	3 AAC 28.430	Certain terms, if used in the policy, are defined by regulation.	
	Prohibited Policy Provisions	3 AAC 28.440	No duplication of Medicare benefits; no pre-ex limitation more restrictive than those of Medicare; no exclusions for specified diseases or conditions; policies labeled "Medigap" must conform to Medicare supplement regulations.	
	Minimum Standards for Policies Issued Before 7/1/92	3 AAC 28.450	Minimum policy and certificate standards must be met as listed by regulation.	
	Minimum Standards for Policies Issued on or After 7/1/92	3 AAC 28.453	Minimum policy and certificate standards must be met as listed by regulation.	
	Termination by Group Policyholder; Conversion	3 AAC 28.451	Upon termination of a group policy, the issuer shall offer a certificate holder an individual policy as required.	
	Basic Medigap Plan	3 AAC 28.455	An issuer shall make available to each prospective policy holder and certificate holder a policy or certificate containing the basic core benefits set out in 3 AAC 28.453(c).	
	Standard Medicare Supplement Plans	3 AAC 28.455	Benefit plans must be uniform in structure, language, designation and format to the standard benefit plans "A" through "J" in this section.	
	Open Enrollment	3 AAC 28.457	Policies and certificates must be available to individuals who are both 65 years of age and are enrolled under Medicare Part B.	
	Guaranteed Issue for Eligible Persons	3 AAC 28.462	Eligible persons must apply within 63 days of either the date enrollment is terminated or the date their health benefit plan is reduced.	
	Standards for Claim Payment	3 AAC 28.466	Compliance with OBRA. Notification of payment determination as required.	
	Filing and Approval of Policies, Certificates, and Premium Rates	3 AAC 28.472	No more than one form of a policy for each type of standard Medigap benefit plan may be filed except as noted.	
	Requirements for Application Forms and Replacement Coverage	3 AAC 28.500	This sub-section requires certain statements and questions to be used.	
	Required Disclosure Provisions	3 AAC 28.490	Renewal or continuation provisions are required. Requirements for outline of coverage are specified	
	Standards for Marketing	3 AAC 28.504	A prominent "Notice to buyer" statement required.	
	Prohibitions in Replacement Policies or Certificates	3 AAC 28.507	No preexisting condition limitations, waiting periods, elimination periods, or probationary periods are permitted in replacement policies.	

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	INDIVIDUAL POLICIES			
	Claim Forms	AS 21.51.090	Proof of loss forms must be provided within 10 working days after receipt of notice of claim.	
	Payment of Claims	AS 21.51.110	Claims must be paid within 30 days after receipt of due written proof of loss.	
	Guaranteed Issue	3 AAC 28.462 (c) (1)	The right of guaranteed issue extends to individuals over age 65 who postpone enrolling in Medicare Part B due to existing coverage through employee welfare benefit plans.	
	GROUP POLICIES			
	Clean Claims	AS 21.54.020	Clean claims must be paid or denied within 30 days. There is no requirement that this is specified in form filings, but no contractual provisions may contradict this.	